MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/568,942 FEE CALCULATION SHEET 2-21-06 (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED 2 MAMENDMENT 1" AMENDMENT 1" AMENDMENT 2 [™] AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 79 TOTAL TOTAL 仚 T IND. Ω **₹** 亇 IND. TOTAL TOTAL DEP. DEP. TOTAL CLAIMS

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CLAIMS

PTO - 1360 (REV. 11/04)